

P.O. Box 58746  
Philadelphia, PA 19102  
(215) 405-2300

**Casey for Senate**

12 OCT 29 PM 12:32

# Fax

<b>To:</b> Secretary of the Senate	<b>From:</b> Bob Casey for Senate (Julia Kluger)
<b>Fax:</b> 202-224-1851	<b>Pages:</b> 2 (including cover page)
<b>Phone:</b> 215-880-7224	<b>Date:</b> October 29, 2012
<b>Re:</b> 48HR Report	<b>CC:</b>

☐ **Urgent**    ☐ **For Review**    ☐ **Please Comment**    ☐ **Please Reply**    ☐ **Please Recycle**

To Whom It May Concern:

Please find the attached report for Bob Casey for Senate (FEC #C00431056).

Please feel free to contact me with any questions.

Sincerely,

Julia Kluger

Deputy Director of Operations

Bob Casey for Senate

215.880.7224

12021060955

# 48 HOUR NOTICE OF CONTRIBUTIONS/LOANS RECEIVED

(See Reverse Side for Instructions)

RECEIVED  
SECRETARY OF THE SENATE  
PUBLIC RECORDS

12 OCT 29 PM 12:32

To be used to report all contributions (including loans) of \$1000 or more, received within 20 days of the election.

1. NAME OF COMMITTEE IN FULL <b>Bob Casey for Senate Inc</b>			
ADDRESS (number and street) <b>PO Box 58746</b>			
CITY, STATE, and ZIP CODE <b>Philadelphia PA 19102</b>			
2. NAME OF CANDIDATE <b>Robert P. Casey Jr.</b>	3. OFFICE SOUGHT (State and District) <b>Senate PA 00</b>	4. FEC IDENTIFICATION NUMBER <b>C00431056</b>	
5. IS THIS AN AMENDMENT? <input checked="" type="checkbox"/> NO, THIS IS A NEW FILING <input type="checkbox"/> YES, IT AMENDS THE NOTICE FILED ON _____			
A. FULL NAME, MAILING ADDRESS AND ZIP CODE <b>Deborah Cincotta</b> <b>2332 Mandevilla Cyn Rd</b> <b>Los Angeles CA 90049</b>			
Name of Employer <b>Totefish, Inc.</b>		Date (month, day, year) <b>10/28/2012</b>	Amount <b>2500.00</b>
Transaction ID : <b>C5615360</b>			
Occupation <b>Founder &amp; CEO</b>			
B. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			
C. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			
D. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			
E. FULL NAME, MAILING ADDRESS AND ZIP CODE			
Name of Employer		Date (month, day, year)	Amount
Occupation			
SIGNATURE (optional) <b>Charles Lyons</b>		DATE <b>10/29/2012</b>	For further information contact: Federal Election Commission 999 E Street, NW, Washington, DC 20463 Toll Free 800-424-9530, Local 202-694-1100

Any information copied from reports and statements filed under the Federal Election Campaign Act may not be sold or used by any person for the purpose of eliciting contributions or for commercial purposes other than using the name and address of any political committee to solicit contributions from such committee.

**FEC FORM 6**  
(Revised 07/2011)

# United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED \_\_\_\_\_  
Date of Receipt

USPS FIRST CLASS MAIL \_\_\_\_\_  
Postmark

USPS REGISTERED/CERTIFIED \_\_\_\_\_  
Postmark

USPS PRIORITY MAIL \_\_\_\_\_  
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL ☐

USPS EXPRESS MAIL \_\_\_\_\_  
Postmark

## OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS \_\_\_\_\_ ☐

UPS \_\_\_\_\_ ☐

DHL \_\_\_\_\_ ☐

AIRBORNE EXPRESS \_\_\_\_\_ ☐

RECEIVED FROM FEDERAL ELECTION COMMISSION \_\_\_\_\_  
Date of Receipt

POSTMARK ILLEGIBLE ☐ NO POSTMARK ☐

FAX 10-29-12  
Date of Receipt

OTHER \_\_\_\_\_  
Date of Receipt or Postmark

PREPARER DKM DATE PREPARED 10-29-12

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